Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000126179 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number: I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

Enter the email address for this business entity to be used for future $\stackrel{ hickspace}{\sim}$ annual report mailings. Enter only one email address please.

Email Address: managedreports@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION HarborTech Mobility, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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COVER LETTER

TO: Registration S Division of C		
SUBJECT:	Harbo	orTech Mobility, Inc.
		tion - must include suffix
Dear Sir or Madam:		
"Certificate of Existe	eation by Foreign Corporation f nee," or "Certificate of Good S eign corporation to transact bus	for Authorization to Transact Business in Florida," Standing" and check are submitted to register the siness in Florida.
Please return all corre	espondence concerning this ma	atter to the following:
	Kath	ny Shin
	Name	of Person
	Kathy Shin for In	Corp Services, Inc.
	Firn/C	Company
	3773 Howard Hugh	es Pkwy Suite 500S
	Ac	ddress
	Las Vegas, N	NV 89169-6014
	City/Stat	te and Zip code
		orts@incorp.com
	E-mail address: (to be us	ed for future annual report notification)
For further informati	on concerning this matter, plear	se call:
Kathy Shin for InC	corp Services, Inc. at (80	00) 246-2677
Name of Per		
Registration Division of C The Centre C	Corporations of Tallahassee nroe Street, Suite 810	MAH.ING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	for the following amount: suble to: FLORIDA DEPARTME Till \$78.75 Filing Fee & Certificate of Status	ENT OF STATE S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

H21000126179 3 APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of ce	Mobility, Inc. prporation; must include "INCORPORATE prp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATIO	N,"
(Il`name unavaila	ble in Florida, enter alternate corporate man	ne adopted for the purpose of transactir	ng business in Florida)
2. Washington (State or country	y under the law of which it is incorporated)	3. (FEI number, if a _l	oplicable)
4. <u>05/29/2012</u> (Date	of incorporation)	5. (Date of duration, if other	than perpetual)
6. Upon Filing		s in Florida, if prior to registration)	
		7.1502, F.S., to determine penalty liabil	ity)
7. 22030 20th A	ve SE, Suite 101, Bothell, WA 98 (Principal of	B021-4405 office street address)	
	(6	iling address, if different)	
	(v.urem ma	aning address, if directing	FILED 2021 HAR 30 AH 8: 19 SECRETARY OF STATE SEGRETARY OF STATE
8. Name and stree	n address of Florida registered agent: (I	P.O. Box NOT acceptable)	AR 3
Name:	InCorp Services, Inc.		R 30 M 8: ETARY OF ST
Office Address:	17888 67th Court North		F STU
	Loxahatchee (City)	, Florida 33470 (Zip code)	2日 19
designated in this farther agree to c	ent's acceptance: led as registered agent and to accept se application, I hereby accept the appoi- omply with the provisions of all statute with and accept the obligations of my	ntment as registered agent and age is relative to the proper and comple	ree to act in this capacity. T
_	Colifer)		of InCorp Services, Inc.
	(Registèred agent	's signature)	

^{10.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

· From: GFI FaxMaker

To: 8506176383

Page: 4/5

Date: 3/29/2021 3:14:29 PM

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A. DIRECTORS			HZ 1000 120 179 5
Chairman	Name: J Dougles Ray	I /Chairman	Name: Brian Ray
∃Vice Chairman	Address:	☐ Vice Chairman	Address:
1Director	22030 20th Ave SE, Suite 101	l IDirector	22030 20th Ave SE, Suite 101
■ President	Bothell, WA 98021-4405	□President	Bothell, WA 98021-4405
(Vice President		■ Vice President	
□Secretary	□Treasurer	□Secretary	□ Treasurer
lOther	i fOther	Other	
□Chainnan	Name: Trevor Bigelow	□ Chairman	Name: Don Bigelow
	Address:	HVice Chairman	Address:
□Director	22030 20th Ave SE, Suite 101	☐ Director	22030 20th Ave SE, Suite 101
President	Bothell, WA 98021-4405	l IPresident	Bothell, WA 98021-4405
□Vice President		■ Vice President	
l ISecretary	≖ Freasurer	LISecretary	UlTreasurer
□ Other	□ Other	□ Other	□ Other
l IChairman	Name: Noel Soderblom	l IChairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
l IDirector	22030 20th Ave SE, Suite 101	l IDirector	
□President	Bothell, WA 98021-4405	□President	
□ Vice President		I I Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
l lOther	()ther	l lOther	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 1. Transfer hay

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817.155, F.S.

13. J Dougles Ray, President

AZERTEA P

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Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

HARBORTECH MOBILITY, INC.

1 CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/29/2012.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

1 FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> Issued Date: 03/29/2021 UBI Number: -603 215 776

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Sceretary of State

Tun Ugna-

Date Issued: 03/29/2021